

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
PAYMENT INFORMATION FORM**

Community Name:

Project Identifier:

**THIS FORM MUST BE MAILED, ALONG WITH THE APPROPRIATE FEE, TO ONE OF TWO POST OFFICE BOXES (SEE BELOW) OR FAXED TO THE FAX NUMBER BELOW.**

Type of Request:

MT-1 application fee }  
MT-2 application fee } (Insert **3173** as the P.O. Box number in the address below)

External Data Requests (EDRs) (Insert **398** as the P.O. Box number in the address below)

Federal Emergency Management Agency  
Revisions Fee-Collection System Administrator  
P.O. Box  
Merrifield, Virginia 22116  
**Fax: (703) 849-0282**

Request No.: (if known)

Amount:

☐ INITIAL FEE\* ☐ FINAL FEE ☐ FEE BALANCE\*\* ☐ MASTER CARD ☐ VISA ☐ CHECK ☐ MONEY ORDER

\*Note: Check only for EDR and/or Alluvial Fan requests (as appropriate).

\*\*Note: Check only if submitting a corrected fee for an ongoing request.

**COMPLETE THIS SECTION ONLY IF PAYING BY CREDIT CARD**

																EXP. DATE	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Month	Year
CARD NUMBER																	

Date

Signature

NAME (AS IT APPEARS ON CARD):  
(please print or type)

ADDRESS:  
(for your  
credit card  
receipt-please  
print or type)

DAYTIME PHONE: